

PTO/SB/97 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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Application Number: 10/718,425

Filing Date: 11/20/2003

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1. Fee Transmittal
2. Response to Office Action Dated 3 May 2005

Total Pages Transmitted: 15
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BE1-031US
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PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0851-0032
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/718,425 Filing Date 11/20/2003 First Named Inventor Steven Ryals Examiner Name Jeffrey Andrew Sharp Art Unit 3677 Attorney Docket No. BE1 - 031US		RECEIVED CENTRAL FAX CENTER AUG 12 2005
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				
TOTAL AMOUNT OF PAYMENT (\$) 200.00				

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	50	=			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
4	- 3 or HP = 1	x	200	=	200	
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY		Registration No. 51275	Telephone (509) 324-9256
Signature		(Attorney/Agent)	
Name (Print/Type) David A Divine		Date	

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